

NDA Youth Clinic with Missy Fladland

An Educational Event sponsored by the NDA Youth & Education Committees

RIDER APPLICATION

RIDER INFORMATION (Must be 21 or under)

Rider Name				NDA Membe	r? 🗌 Y	N
Address						
City/State/Zip						
Phone		E-mail				
Current regular instructor						
HORSE INFORMATION						
Horse's Name						
Age	_Breed					
Schooling at what level?		Cor	mpeting a	at what level?		

SELECTION CRITERIA

First come, first served. Please include \$70 payment, check made out to NDA. There are eight spaces in the clinic at Coda Cavallo Riding Academy in Omaha, NE, on October 24, 2020.

WAIVER OF LIABILITY AND ACKNOWLEDGMENT OF FINANCIAL RESPONISBILITY

(An additional waiver of liability will be required by the facility.)

I, as rider and/or owner, accept full responsibility for the ability of myself and the horse I will be riding to perform in the clinic with risk of injury or re-injury.

I agree to abide by all NDA rules and fulfill all financial commitments related to this clinic.

Rider's Signature:	 Date: _	

Parent's Signature: _____ Date: _____

Application is due on or before October 17, 2020.

Schedule finalized by October 18, 2020

PLEASE RETURN THIS COMPLETED FORM TO:

NDA via Heidi Helmer 8383 Pioneers Blvd.

Lincoln, NE 68506

*Please send payment with your application. \$70/ride. If you wish to pay electronically, please email Heidi for directions.

For additional information or questions, please contact Heidi Helmer at 402-580-4616 or hjhelmer@gmail.com.

